

# PROJECT TITLE: Enhancing Implementation of Tobacco Intervention by Dental Providers in Idaho

## I. EXECUTIVE SUMMARY

- **Date**

October 10, 2008

- **Contact Information**

	<i>Idaho State University (Organization)</i>	<i>Project Leader</i>
<i>Contact Person Title</i>	Ms. Dianne K. Horrocks Director, Office of Sponsored Programs	Linda D. Boyd, RDH, RD, EdD Director & Associate Professor. Division of Graduate Studies Department of Dental Hygiene
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- **Concise description of the purpose of the funding request**

This project is designed to complement the current efforts of the Idaho Tobacco Prevention and Cessation Program and the Idaho Oral Health Program related to tobacco prevention and cessation. Dental providers have a vested interest in tobacco cessation and encouraging patients to remain tobacco-free due to tobacco's impact on oral cancer, gum disease and dental decay. Dental offices are well-suited to implement a team approach to tobacco intervention with multiple visits and relatively long appointment times in comparison to other health care providers. Dental professionals in Idaho have not been involved in formal state-wide tobacco prevention and cessation training; this project will provide that training by developing and piloting professional development workshops for the dental team. These workshops will educate and facilitate the implementation of tobacco prevention and cessation programs in dental offices throughout Idaho, including the North, Southeast, and Southwest areas of the state. These efforts are directed at increasing tobacco cessation rates among patients who use tobacco and stressing the need to remain tobacco-free for those who do not use tobacco.

- **Number of individuals, geographic area, and target population benefiting from this proposal**

Target Population: The target populations are the dental team (dentists, dental hygienists, front office staff and dental assistants) and dental patients who use tobacco.

Geographic Area: Northern, Southwest & Southeast Idaho (Pilot program in Boise, Coeur d'Alene, Idaho Falls, Lewiston, Meridian, Nampa, and Pocatello)

Number of Individuals:

**150 dental offices** will be recruited to participate:

- Five to six members of the **dental team** are located in each individual dental practice so this project potentially impacts **750-900 providers** which include front office staff, dental assistants, dental hygienists, and dentists in private dental offices and community dental clinics.

- The average number of patients seen over the course of a year by a dentist is approximately 2072\*. Based on Idaho 2007 BRFSS (Behavioral Risk Factor Surveillance System), TUS-CPS (Tobacco Use Supplement to the Current Population Survey) and YRBSS (Youth Risk Behavior Surveillance System) data on tobacco use (Adults: 19.2% use cigarettes and 2.9% use smokeless tobacco; Youth: 20% use cigarettes and 5.7% use smokeless tobacco) approximately **500** of these patients use tobacco. In the **150 offices and community clinics** that will participate in this program, there are approximately **75,000 patients (adults and youth)** who use tobacco that can be reached with the cessation message. As many as **230,000** adults and youths who do not currently use tobacco will receive the message to remain tobacco-free.

\* Beazoglou, T. Heffley, D. Lewpowsky, S. et al. The dental safety net in Connecticut. *J Am Dent Assoc.* 2005;136;1457-1462

- ***Total project budget and the total dollar amount requested***

The total project budget and the total dollar amount requested for this project are the same, and total \$232,100.

## II. PROPOSAL

### A. Organizational Background

#### ***1. ISU's History, Mission, and Goals***

Idaho State University is the state's lead institution for education in the health professions. The Kasiska College of Health Professions at ISU was the first college in Idaho dedicated to the education of health professionals. Since its origins in 1968, the college has provided strong local, state and regional leadership on matters related to the education of health care professionals and the delivery of health care services in Idaho. The college now includes twelve departments, twenty-seven programs and twenty-eight degrees. ISU's main campus is located in Pocatello, in southeastern Idaho. The Boise Campus was established primarily to support health professions programming. Boise has been targeted for continued expansion of the health professions programs as the most densely populated and fastest growing metropolitan area in the state.

The primary **mission** of the Kasiska College of Health Professions (KCHP) is to enhance the quality of life of the residents of Idaho and the greater community outside of Idaho through the education of students across five dimensions of the health professions: 1) physical, 2) mental, and 3) oral health, 4) rehabilitation and 5) wellness. Our mission is facilitated through excellence in research, community service, teaching and the application of technology, as well as strong leadership on issues related to health professions.

KCHP has a number of goal categories in their strategic plan of which the Community Service goals best fit this proposed project. These **goals** include:

- Goal 1 – Provide services to the citizens of the State of Idaho to promote health, wellness, and general well-being.
- Goal 2 – Serve members of Health Professions communities in Idaho and elsewhere.

#### ***2. Description of current programs, activities, and accomplishments.***

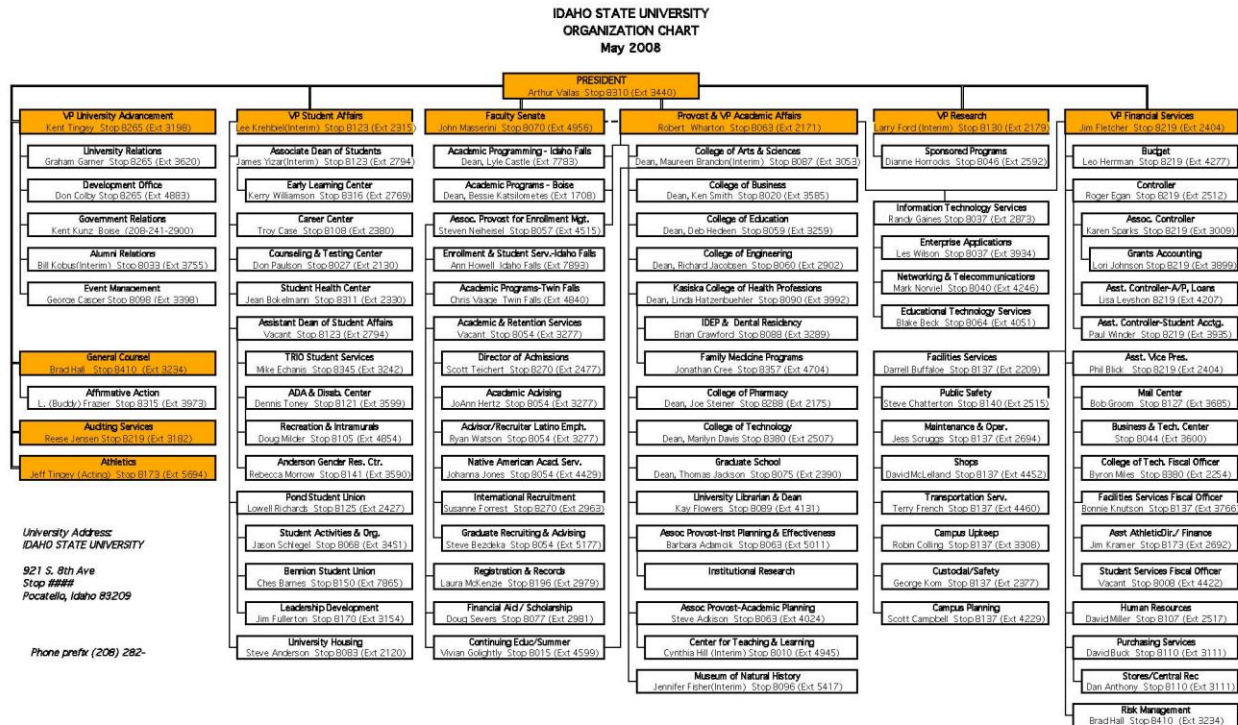
The Project Leader is Dr. Linda Boyd. She is the Director for the Master of Science in Dental Hygiene (MSDH) Program which is housed within the Kasiska College of Health Professions at the ISU Boise Campus. The MSDH program is one of sixteen graduate dental hygiene programs nationwide that prepares licensed dental hygienists for advanced practice as dental hygiene educators and rural and community health practitioners. The average age of the MSDH graduate student is 40 years and they have an average of 10 years of private practice experience.

The .5 FTE staff to be included in this project is Christina Giso, MBA. She has served as a half-time and adjunct faculty in the MSDH program since 2006. Ms. Giso developed the rural and community health coursework and has overseen graduate students conducting community projects in Lewiston, American Falls, Aberdeen, and Pocatello. One project of particular note was a fluoride varnish project for Mexican-American children conducted in association with the Southeast Health District. Our program outcomes require students demonstrate competence in health promotion and as a result they have engaged in a number of projects in collaboration with the Pocatello Veteran's Home, Shepherd's Inn Crisis Pregnancy Home, ISU Health Fair, March of Dimes, and Senior Healthmobile.

MSDH student interns in Coeur d'Alene, Lewiston, Pocatello and Boise would be trained to conduct of workshops around the state based on their prior experience as dental hygienists and as developing educators and public health advocates.

### 3. List of board and staff members, and a brief description of their respective responsibilities.

This is an organizational chart for ISU. For an original copy of this pdf image, go to <http://www.isu.edu/president/pdf/OrgChart.pdf>



### 4. Copy of current budget and description of current sources of funding.

Idaho State University: Source of Funds	2005	2006	2007
Tuition & Fees	40,519,023	44,368,605	45,443,297
State Appropriation	75,161,840	80,387,054	85,564,566
Grants/Contracts	48,633,337	46,197,157	36,388,135
Endowment	1,864,078	1,609,679	1,691,071
Gifts	10,217,432	6,206,448	9,662,722
Other (Education Sales & Services)	2,748,009	3,511,345	3,674,570
Other (Auxiliary Sales & Services)	9,381,793	9,857,306	10,493,060
Other (Investment Income)	1,315,037	2,220,046	2,936,125
Other (Capital Appropriations)	1,069,624	1,785,761	
Other (Gain on fixed asset disposal)	(48,861)	2,940	(38,021)
Other Operating Revenue	2,639,333	3,080,836	3,057,178
<b>TOTAL REVENUE</b>	<b>186,237,540</b>	<b>190,615,804</b>	<b>203,709,750</b>

## B. Purpose of Request: Goals and Outcomes

### 1. Briefly describe the issue(s) you will address.

The 2007 Idaho BRFSS, TUS-CPS (Tobacco Use Supplement to the Current Population Survey) and YRBSS data on tobacco use indicate that 19.2% of adults use cigarettes and 2.9% use smokeless tobacco. Even more disturbing are the 2007 YRBSS data on tobacco use for youth which indicate that 20% use cigarettes and 5.7% use smokeless tobacco. It comes as no surprise that the 2004 Surgeon General's Report on the Effects of Smoking found that tobacco harms nearly every organ in the body and is a major preventable risk factor for coronary heart disease and stroke, chronic lung disease, many kinds of cancer, (USHSS, 2004).

In addition to system diseases, tobacco is a significant contributing factor to oral diseases including periodontal disease, oral cancer and dental caries. Smoking is the main environmental contributing factor for periodontal disease. Epidemiologic evidence demonstrates those who smoke have more severe periodontal disease with significantly more bone loss and tooth loss (Johnson, 1999). Tobacco use impairs oral wound healing, such as in dental extractions and periodontal surgeries, as well as throughout the body (Johnson, 1999). It has been well documented that tobacco is a primary contributor to oral and throat cancers and tobacco cessation significantly reduces the risk for these cancer. In addition to periodontal disease and oral cancer, smokeless tobacco use has been shown to contribute to tooth decay. Therefore, dental providers have a vested interest in both preventing tobacco use and encouraging tobacco cessation.

***The CDC Best Practices in Comprehensive Tobacco Control Programs – 2007 states that “tobacco use screening and brief intervention by clinicians not only is a top-ranked clinical preventive service in terms of its relative health impact, effectiveness, and cost-effectiveness but also is a cost-saving measure” (p. 40).*** Therefore, it is critical that we not only educate health care providers about best practices for assisting patient in tobacco cessation, but also facilitate their implementation of the use of a system for tobacco use screening and documentation along with referral of people who use tobacco to state quitline services.

Several recent studies indicate that the dental office is an ideal setting for tobacco cessation with approximately 65% of Idaho adults visiting the dentist at least annually. Patients with periodontal conditions may visit the dentist as often as 3-4 times per year. The dental office is directly involved in oral health status of their patients and can carefully monitor tobacco users. Gordon et al (2006) suggested the ***dental office is the well-suited to implement a team approach to tobacco intervention with multiple visits and relatively long appointment times in comparison to other health care providers.*** A 2006 Cochrane Review of the literature found that ***interventions conducted by oral health professionals, especially dental hygienists, increased tobacco cessation rates for both cigarettes and smokeless tobacco*** (Carr AB & Ebbert JO, 2006; Gordon JS et al., 2006). However, studies show that adoption and implementation of tobacco cessation programs in the dental setting are underutilized due to lack of confidence or education on the subject of tobacco cessation. Gordon et al (2006) ***recommend the following to increase the adoption of tobacco cessation in the dental setting: 1) education to increase the “intrinsic motivation” of providers; and 2) insurance coverage of tobacco cessation to provide “extrinsic motivation” (p. 35).***

In summary, tobacco use is a major factor in progression of diabetes, oral cancer, and periodontal disease and the dental office is an ideal setting for implementing cessation protocols. However, it has been observed that dental practitioners need more education to overcome perceived barriers that include knowledge and tools for tobacco intervention. ***In this project we propose to not only educate dental providers, but facilitate their development of an implementation plan for cessation protocols that align with the CDC's Best Practices for Cessation Interventions in their individual office or clinic.***

### References

- Carr, A. B. and J. O. Ebbert (2006). Interventions for tobacco cessation in the dental setting. *Cochrane Database Syst Rev* (1): CD005084.
- Gordon, J. S., E. Lichtenstein, et al. (2006). Tobacco cessation in dental settings: research findings and future directions. *Drug Alcohol Rev* **25**(1): 27-37.
- Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2007*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control

and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007.

Idaho Behavioral Risk Factors: Results From the 2006 Behavioral Risk Factor Surveillance System. Boise: Idaho Department of Health and Welfare, Division of Health, Bureau of Vital Records and Health Statistics, 2007.

Johnson, G.K. (1999). American Academy of Periodontology Position Paper: Tobacco use and the periodontal patient. *J Periodontol*;70(11):1419-1427.

US Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. The health consequences of smoking: a report of the Surgeon General. Washington, D.C.

## **2. Purpose(s) of Project**

To educate and assist with development of a tobacco cessation protocol for the dental team using *CDC Best Practices in Comprehensive Tobacco Control Programs*, and facilitate implementation of the protocol in dental offices and community dental clinic.

### **a. Short-Term Objectives:**

- Objective 1: Increase the number of health professionals (specifically dental professions in this phase) who have the knowledge and skills to implement tobacco cessation and referral to the Idaho Quitline and Quitnet.
- Objective 2: Increase the number of dental offices and community clinics that change practice and implement a tobacco cessation protocol are maintaining it at a 6 month follow-up visit or phone call.
- Objective 3: Identify factors that act as barriers and facilitate *best practices* for implementing tobacco intervention in dental offices and community clinics.
- Objective 4: Increase the number of people who call the Idaho QuitLine or QuitNet who report they were advised to quit tobacco use by their dental provider.
- Objective 5: Increase the number of dental patients who report cessation from tobacco use.

### **b. Long-Term Objective**

- Demonstrate the value of utilizing the dental team in tobacco cessation and ultimately reduce the morbidity and mortality from chronic disease mediated by tobacco use.

## **C. Organizational Capacity**

### **1. Relationship to ISU Kasiska College of Health Professions Strategic Plan and Mission**

This project falls directly within the mission statements and strategic plans of the Kasiska College of Health Professions (KCHP) and the Idaho State University Department of Dental Hygiene for improving the health of Idahoans and serving the health professional communities in Idaho (see Organizational Background). In addition, ISU Master of Science in Dental Hygiene program is committed to developing graduates who are leaders with expertise in rural and community health to translate research into practice and to enhance oral health and wellness programs in their local communities.

### **2. Related program or organizational accomplishments.**

A portion of ISU's Master's in Public Health program is housed at the ISU Boise Campus which offers opportunities for collaboration and consultation as we develop and implement the proposed project. Our MPH faculty member in Boise, Dr. Galen Louis, served as the former surveillance and evaluation director for the Idaho Tobacco Prevention and Control Program. He has also been a consultant and contractor for the CDC Office on Smoking and Health (OSH), and has worked with other states on strategic planning, developing programs and evaluation protocols for eliminating tobacco-related disparities.

Dr. Galen Louis is currently working on a grant funded project for "Hispanic Teen Cross Cultural Tobacco Prevention Media Advocacy" through the American Legacy Foundation in partnership with the Idaho Commission on Hispanic Affairs and the Idaho Tobacco Prevention and Control Program. Ms. Christina Giso, MBA is currently working with Dr. Louis on the American Legacy Foundation project and will work with the proposed project should it be funded.

### **3. Links with other organizations doing similar or related work in your geographic area or on the same issue.**

Consultation with Jack Miller, Director of Project Filter, Idaho's Tobacco Prevention and Control Program, was obtained early in project to identify others working with dental providers. In addition, Mimi Hartman, IDHW Oral Health Manager, and Sally Kane, President, Idaho Dental Hygienists' Association were also consulted for input on others conducting similar projects. Our current findings indicate that no other organizations are working with dental providers on tobacco prevention and cessation efforts in Idaho.

### **4. Qualifications and Responsibilities of the Project Staff**

The Project Leader, Linda Boyd, RDH, RD, EdD, has experience in developing and implementing tobacco education in dental education while at the Oregon Health and Sciences University School of Dentistry and also has a Doctoral Degree in Adult Learning and Continuing Education. Dr. Boyd was trained in tobacco cessation by Dr. Theresa Madden who is an addiction counselor and has participated in many tobacco related projects including development of Project Mainstream materials to educate health professionals about substance abuse. Dr. Boyd has spent the past 10 years working with dental and dental hygiene students to implement tobacco prevention and cessation into patient care. She has also participated in the conduct of a number of research projects along with publication of tobacco education outcomes.

The co-Project Leader, Jacque Freudenthal, RDH, MHE, has a Master's Degree in Health Education and coordinates the community health program for ISU's Department of Dental Hygiene. She has 26 years experience in private practice and educational settings. Jacque developed and implemented tobacco cessation into the undergraduate dental hygiene clinic. The cessation program is tailored after the American Dental Hygiene Association Smoking Cessation Practice Guidelines. The Southeast District Health Department and Portneuf Medical Center serve as referral entities for those seeking professional cessation counselors.

The grant project coordinator, Christina Giso, MBA, has several years experience managing grant programs in the State of Idaho, including work on the Title V Maternal and Child Health Block Grant, and the Early Hearing, Detection, and Intervention (EHDI) Grant, with the Department of Health and Welfare. Managing the EHDI grant included work with hospitals around Idaho in development of newborn hearing screening activities and providing continuing education and training sessions. Ms. Giso engaged in all facets of grant management, including budget management, evaluation, and reporting. Currently, Ms. Giso is project staff for Dr. Galen Louis's grant from the American Legacy Foundation working with local youth to develop tobacco prevention and cessation messages targeting teens and youth.

One of the primary graduate dental hygienist students who will assist with planning, implementation and evaluation of the project is Mary Bossart, RDH, BS. She has over 20 years experience in private dental practice working in a periodontal specialty practice. Patients seen in periodontal offices tend to have more severe periodontal disease and a large portion of them use tobacco. In the past, Ms. Bossart has participated in tobacco cessation projects in Utah.

### **5. Target Population's Involvement in ISU (e.g. as volunteers or as board, staff, or advisory group members).**

The ISU Department of Dental Hygiene collaborates with dentists and dental hygienists from private dental practices who teach in the undergraduate dental hygiene clinics and serve on the department's advisory committee. These professionals offer a private dental practice view that will assist the project staff to develop and revise the program design.

## **D. Process**

### **Work Plan:**

The timeline is based on the following assumptions: An award date of April 2009 and a funding period of July 1, 2000 to June 30, 2010. A description of the steps and who will be performing each task is as follows:

1. Develop and pilot workshop materials (Dr. Boyd, Ms. Freudenthal, and Ms. Bossart).

2. Work with Project Filter to have dental providers added to the intake survey as possible referral sources for the Idaho Quitline/QuitNet.
3. Work with the Idaho Tobacco Prevention and Control Program to order Flosscards with QuitLine/QuitNet contact information for dissemination to tobacco users in dental offices (Ms. Giso).
4. Order brochures from the Idaho Tobacco Prevention and Control Program (Idaho Project Filter QuitNet/QuitLine brochure and QuitLine Referral Cards) to distribute to dental offices and clinics (Ms. Giso).
5. Develop and/or revise survey instruments and pilot for accuracy and readability (Dr. Boyd, Ms. Freudenthal, Ms. Giso and Ms. Bossart).
  - a. Survey instruments include pre and post knowledge tests
  - b. Survey of practice (behavior) (baseline, 3 months, and 6 months time points)
  - c. Survey of patient changes in tobacco use (6 month time point)
  - d. Interview questions to identify barriers to implementation (3 and 6 months time points)
6. Secure ISU Human Subjects Committee (HSC) Approval following completion of workshop materials and survey instruments. Since the majority of the information gathered will be anonymous and relates to improving public health, it is expected that the project will qualify for expedited review (Dr. Boyd and Ms. Giso).
7. Begin marketing and recruitment of dental offices (Dr. Boyd, Ms. Freudenthal, Ms. Giso, and Ms. Bossart).
8. Scheduling of tobacco cessation workshops (Ms. Giso and Ms. Bossart).
9. Training of workshop facilitators (Dr. Boyd and Ms. Freudenthal).
10. Implementation of tobacco cessation workshops starting in Boise, Meridian, and Nampa; followed by Pocatello and Idaho Falls; then in Coeur d'Alene and Lewiston.
11. Collection of surveys from participating dental offices and clinics and entry of data into statistical analysis program (Ms. Giso, Ms. Bossart, and other workshop facilitators).
12. Interviews with a random sample of participating dental offices and clinics (Ms. Bossart & workshop facilitators).
13. Transcription of interviews (Ms. Bossart & workshop facilitators).
14. Monthly progress reports (Ms. Giso).
15. Conduct data analysis which will include frequencies, weighting of data, and appropriate statistical tests which will include, but are not limited to correlations, t-tests, chi-square and ANOVA (statistician).
16. Write findings in a report designed for a lay audience as well as for dissemination to dental professionals (Dr. Boyd, Ms. Freudenthal, Ms. Giso and Ms. Bossart).
17. Develop a PowerPoint presentation with appropriate handouts to present to the Millennium Fund Committee in an oral presentation (Dr. Boyd, Ms. Giso and Ms. Bossart).

To keep the project on schedule, the tasks are outlined on the table below and are broken down on a month-by-month basis.

#### **1. Tasks and Timetable for ISU and Key Staff Executing Project**

<b>Project Timeline</b>	<b>2009</b>						<b>2010</b>					
<b>Tasks</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>
ISU Grants & Contracts sets up accounts	X											
Work with Project Filter to get dental providers added to the list of possible referral sources (QuitLine intake survey).	X											
Meet with project staff for clarification of objectives w/monthly meetings for updates	X	X	X	X	X	X	X	X	X	X	X	X
Contact ISDA & IDHA for input in workshop planning	X											
Create and pilot survey instruments	X											
Identify or create lesson plan, instructional materials and evaluation for workshop	X											



Project Timeline, con't.	2009						2010					
Tasks	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Secure ISU HSC Approval	X											
Order Quitline-Quitnet flosscards & brochures	X											
Recruit dental offices for workshops	X	X	X	X								
Schedule dental offices & confirm dates/times		X	X	X	X	X	X	X				
Deliver tobacco intervention workshops		X	X	X	X	X	X	X	X	X		
Conduct 3 & 6 month FU visits, surveys & interviews					X	X	X	X	X	X	X	
Collect pre/post knowledge surveys		X	X	X	X	X	X	X	X	X	X	
Analyze evaluation data											X	X
Monthly progress Reports	X	X	X	X	X	X	X	X	X	X	X	
Complete final report & presentation for Millennium Fund committee and dissemination to dental professionals												X

## 2. Existing Community Resources

- Idaho State Dental Association
- Idaho Dental Hygienists' Association
- Idaho Oral Health Alliance
- Idaho Department of Health and Welfare, Tobacco Prevention and Control Program: Project Filter (Jack Miller, MHE, Respiratory Health Program Manager, Project Filter, Idaho Department Health and Welfare (IDHW))
- Idaho Department of Health and Welfare, Oral Health Program (Mimi Hartman-Cunningham, MS, RD, Oral Health Program Manager)

## 3. Daily Activities or Tasks

There are no full-time project staff for this project so there will not be activities or tasks on a daily basis, rather the project will operate 2-3 days per week doing the activities listed in the table above.

## 4. Benefits to Target Population

The target populations will benefit in a number of ways:

- Dental providers will feel more confident and be more effective in referring patients who use tobacco to community resources, including the Idaho QuitLine and QuitNet.
- In addition, dental providers may find that patients appreciate they care about systemic health which may increase referral to the dental office.
- Dental patients will understand the options available for assisting them with tobacco cessation and know how to access these resources.
- Dental patients will be more likely to quit tobacco use with the help of the dental team.

## 5. Target Population's Involvement Project Development and Execution

Dental providers will be involved in development of the workshop and in piloting the project surveys. In addition, their input via the interviews will allow us to identify the barriers as well as best practices for implementing tobacco intervention in the dental office to allow us to fine-tune the workshop to improve its effectiveness.

Dental patients who use tobacco will provide feedback on the effectiveness of dental providers in assisting them in exploring the options for tobacco cessation by anonymous survey at their 4-6 month follow-up dental appointment.

## **E. Evaluation Plan**

### **1. Evaluation Questions**

- Does a workshop significantly increase the knowledge of dental providers about how to implement tobacco cessation strategies?
- Do the tobacco cessation practices (behaviors) of dental providers change after a workshop focusing on a team approach to development of an implementation plan?
- What barriers and *best practices* for implementation of tobacco cessation are identified by dental teams at 3 and 6 months following attendance at a tobacco cessation workshop?
- Does referral by a dental provider to the Idaho QuitLine/QuitNet result in an increase in the number of dental patients utilizing this resource?
- Does tobacco cessation intervention in a dental setting increase tobacco cessation in dental patients?

### **2. The assessment methods/strategies you will use to answer your evaluation questions (e.g. records, surveys, interviews, pre- and post-tests, community feedback, etc.). Please be specific and realistic.**

- Pre and post surveys of knowledge will be used to evaluate the effectiveness of the workshop.
- Surveys of practice (behavior) change will be used to evaluate changes over time in implementation of knowledge.
- Interviews of a random sample will be used to identify barriers as well as best practices for implementing tobacco cessation.
- Patient surveys will be conducted for self-reports of abstinence from tobacco use.
- Data from the Idaho QuitLine/QuitNet will be used to determine if the number of referrals from dental providers increases.

### **3. Involvement of Stakeholders in Evaluation Process**

- We will include stakeholders in the process by conducting random interviews to help identify best practices as well as the barriers encountered in implementing a tobacco cessation program.
- A majority of the staff working on the project are dental providers and they will be involved in analysis and dissemination of the project outcomes.

### **4. Utilization of Information Gained from Project**

- Internally the information will be utilized to improve the professional development (continuing education) workshops that are offered to dental professionals by ISU.
- Externally the information will be used for publication in peer-review journals and at poster presentations given at local, state, and national professional meetings to disseminate best practices, effectiveness of the team approach to implementation of a tobacco cessation program, and lessons learned.
- Information will be shared with the collaborating organizations on this project including: the Idaho Tobacco Prevention and Control Program, the Idaho Oral Health Program, state professional organizations, and other organizations on an as requested basis with the understanding that (having trouble here) the outcomes are available to all.

## **F. Sustainability**

The ISU Department of Dental Hygiene will continue to be a resource to the dental community for tobacco cessation program planning and implementation. In order to continue this project over time, ISU Department of Dental Hygiene will work with the state's dental professional associations to locate corporate sponsors and/or charge individual dental offices. It is possible that small grants could be obtained from the Idaho State Dental Association and/or the Idaho Dental Hygienists' Association to continue the project if the project can be supported long enough to show the benefits of this approach.

### III. BUDGET

*Project Budget and Personnel Costs Detail Tables found in the Applicant Summary and Scoring Sheet*

Project Budget	Other Funding Sources		
	Millennium Fund		TOTAL
<b>Personnel Costs</b>			
Salaries	106,800		<b>106,800</b>
Benefits	27,700		<b>27,700</b>
<b>Total Personnel Costs</b>	<b>134,500</b>	<b>0</b>	<b>134,500</b>
<b>Operating Expenditures</b>			
1. Flosscards for Quitline-Quitnet referral	35,700		<b>35,700</b>
2. Printing-Project Filter brochures (65,000).	15,000		<b>15,000</b>
3. Office supplies (paper, ink cartridges, etc.)	1,000		<b>1,000</b>
4. Travel to 150 dental offices	3,800		<b>3,800</b>
5. Travel for facilitator training	1,000		<b>1,000</b>
6. ISU indirect cost for state funding agencies (20% of direct costs)	38,700		<b>38,700</b>
7. Laptop Computers (2)	1,200		<b>1,200</b>
8. Portable LCD projector (2)	1,200		<b>1,200</b>
<b>Total Operating Expenditures</b>	<b>97,600</b>	<b>0</b>	<b>97,600</b>
<b>Capital Outlay</b>			
1. n/a			<b>0</b>
2			<b>0</b>
3.			<b>0</b>
<b>Total Capital Outlay</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Trustee Benefit Payments</b>			
<b>Total T/B Payments</b>			<b>0</b>
<b>TOTAL BUDGET</b>	<b>232,100</b>	<b>0</b>	<b>232,100</b>
<b>% TOTAL</b>	<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>

#### Personnel Costs Detail Budget

Position Title	Staff Time	Millennium Fund	Other Funding Sources	
			ISU	Total
1. Project Leader	0.10	11,000		<b>11,000</b>
2. Project Co-Leader	0.10	6,800		<b>6,800</b>
3. Grant Manager	0.50	43,500		<b>43,500</b>
4. Statistician	0.10	8,700		<b>8,700</b>
5. Workshop Facilitators (5)	1.20	64,500		<b>64,500</b>
<b>TOTAL</b>	<b>2.00</b>	<b>134,500</b>	<b>0</b>	<b>134,500</b>

## **Supporting Budget Narrative**

*Personnel Costs (\$134,500) = 2.0 FTE*

- Includes personnel to assist with:
  - Development of an effective workshop for dental providers (Project Leaders)
  - To act as liaisons with the dental community to schedule and conduct workshops (Project Leaders, Grant Manager and Workshop Facilitators)
  - Evaluation of the projects effectiveness using both objective survey data and qualitative interview information to help identify best practices for implementing tobacco intervention in dental offices (Project Leaders, Grant Manager, Statistician and Workshop Facilitators)
  - Oversight and grant management (Grant Manager)

*Operating Expenditures (\$97,600)*

- Materials & Supplies:
  - Purchase of 65,000 flosscards (\$35,700) with contact information for the Idaho Quitline/Quitnet will be purchased along with printing the same number of Project Filter brochures (\$15,000) for distribution at dental offices (150 offices X 500 flosscards and brochures). The flosscards were utilized several years ago and were very well received, but there was no accompanying education of providers.
  - Two laptops and two portable LCD projectors (\$2,400) will be purchased for the project to use in North Idaho. Laptops and LCD projectors can be borrowed from the Dept. of Dental Hygiene for the Boise and Pocatello areas so no equipment is needed for these sites.
  - Allocate funds (\$1000) to purchase office supplies needed for the project, such as folders or binders, paper, pens, general copying, funds for telephone costs, etc.
- Travel
  - For staff training (\$1000): Project staff will be brought together for training at the beginning of the project.
  - Travel to Dental Offices (\$3800): Travel to 150 offices in Lewiston, Coeur d'Alene, Boise area, Caldwell, Pocatello and Idaho Falls was estimated using the Idaho state mileage reimbursement rate.
- ISU Indirect Costs for State Funding Agencies: (\$38,700)
  - Indirect costs are costs incurred by ISU to conduct the project that are not readily identifiable with the project but are necessary to the general operation of the organization and the conduct of its grant activities. i.e. human resources, financial services, etc.